

Personal Information

Name:

Address:

Suburb:

Postcode:

Date of birth:

Gender:

Phone:

Email:

Aboriginal or Torres Strait Islander:

Emergency Contact | Name:

Relationship:

Phone:

To be completed by Referral Agency (if applicable):

Name:

Agency/Position:

Email:

Referral Date:

Medical Information

The following medical information may help in the unlikely event of an accident or illness. Please complete this form as accurately as possible. The information you disclose will be confidential and will only be used to help staff respond to any injury or illness.

Mental Health Diagnosis:

Has this person been assessed for an NDIS plan? Yes / No

NDIS Coordinator Name:

Contact number:

Email:

Do they have a current NDIS plan? Y / N

Referrer Signature:

Date:

Mental Health Risk Assessment

Assessment			
Name			Date
<p>Risk to self:</p> <p>Deliberate or unintentional harm to self:</p> <ul style="list-style-type: none"> Repetitive self-injury Suicide (complete suicide protocol) Self-neglect <p>Loss of social and financial status:</p> <ul style="list-style-type: none"> Loss of employment Loss of accommodation Loss of supports Loss of custody of children Loss of reputation <p>Engagement in high-risk behaviours:</p> <ul style="list-style-type: none"> Active substance misuse Sexual risk behaviours 		<p>Risk to others:</p> <ul style="list-style-type: none"> Violence, aggression, verbal or physical assault Sexual assault or abuse, harassment, stalking or predatory intent Property damage including arson Neglect or abuse of children or adults for whom care is being provided Behaviour that could be thought of as reckless or high risk to others including drink driving Poor impulse control Risk in environment (go to working alone and off site assessment) 	
<p>Risk posed by others:</p> <ul style="list-style-type: none"> Physical, sexual and emotional abuse by others Financial abuse or neglect by others Victimisation and harassment (in own home or public) Being treated unfairly in the workplace Losing accommodation or having difficulty getting accommodation 			
<p>Protective Factors</p> <p>Personal:</p>			
<p>Support Networks:</p>			
<p>Environmental:</p>			

Consent



I, _____, acknowledge and understand that on signing this form I consent to the following:

- Richmond Fellowship Tasmania worker/s may liaise (verbally or in writing, to obtain or share information) with service providers and support people as needed in order to provide me with supports which will assist me to achieve my goals. These may include:
 - ▶ Housing Tasmania
 - ▶ Child Protection
 - ▶ Case Manager
 - ▶ Psychologist
 - ▶ NDIA / NDIS Representative
 - ▶ Centrelink
 - ▶ Medical Practitioners
 - ▶ Family
 - ▶ Partner / Spouse
 - ▶ Other supports or services involved with my wellbeing
- I understand that I am able to specify services or people that I do not wish Richmond Fellowship Tasmania workers to liaise with (if applicable, please list below)

I **do not** give my permission for Richmond Fellowship Tasmania workers to liaise with the following service or people:

- I understand that I can withdraw consent at any time in writing (via email) and that consent will automatically cease once I exit my Richmond Fellowship Tasmania Service Agreement.
- I understand that this form is to be reviewed annually whilst services are being provided and can be amended by me at any time in writing (via email).
- I understand that this form cannot be amended without my written consent.
- I acknowledge Mandatory Reporting has been explained to me.
- I acknowledge my Rights & Responsibilities including my Privacy Rights, how my records are stored, and the complaint and feedback process.

	Client	Additional person (optional)*	RFT Worker
Signature:			
Name:			
Date:			

*Additional person is a: Parent or Guardian / Trustee / Other (specify:)

Annual review date for consent:

Privacy Statement

We respect your right to privacy and are committed to safeguarding the personal information you provide to us. The following information explains what information we collect, how it is stored, how it is used, and why. You have a right to access the information we collect, and to make a formal complaint if you feel your right to privacy has been breached. The staff member who provided this document to you should be your first point of contact regarding privacy concerns, however the manager can be contacted on (03) 6228 3344 if required.

What personal information is collected about me, and how?

Some details we collect are directly required to provide services to you, and others are collected as part of an agreement with our funding body. The details we collect include:

- Identifying information (including name and date of birth);
- Contact information (including address and telephone number);
- People to contact in the event of an emergency (if appropriate), and;
- Details about your past or current circumstances (including your health needs).

How is my personal information used?

Your information is used by us to provide support and assistance to you in meeting your needs. Some non-identifying information is used by our funding body for statistical and research purposes.

How is my personal information stored?

Your personal information may be stored in a secure filing cabinet, or on our secure password protected computer system. Your information may also be submitted to an online database when required by our funding body.

How long is my information kept?

Information collected will generally be stored for 7 years, and after this time it will be erased. If you are under the age of 18, the information is held indefinitely. In some circumstances we are required to retain records for different periods, or transfer your information to the funding body when a service ends.

Who has access to my personal information?

Your worker will generally be the only person accessing your information. If your worker is not available, other workers in the service or a supervisor responsible for your worker may need to access your records.

Do you disclose my personal information to any other services or agencies?

Except for the reasons listed below, your information will not be disclosed to any other service without your permission. If you do give permission, we will ask that you sign a form. The form will include the information to be shared, the agency/service that it will be shared with, and the purpose it will be shared for.

There are some circumstances in which your personal information may be shared without your consent. These are:

- Your worker makes an assessment that you are likely to harm yourself or others;
- You disclose serious criminal activity or family violence;
- Children in your care are at risk of harm;
- We are required to by legislation, or;
- Your file has been subpoenaed by law.

How can I access and make any corrections to my personal information?

If you would like access to, or would like to make changes to any of your personal information, please ask your worker.

Next steps?

Now that you are aware of how Richmond Fellowship Tasmania (RFT) uses your personal information we ask you to sign the below statement that we use to show that we have explained this to you. You may need a parent, guardian or other responsible person to sign this form with you.

I, _____, authorise Richmond Fellowship Tasmania to record my personal information for the purposes of providing the services requested.

My worker has discussed my privacy rights with me and explained:

- The personal information which is collected;
- The reasons for this collection;
- How this information is stored and for what period of time;
- Who has access to the information;
- Under what conditions it might be disclosed;
- That I may request access to records held about me;
- The process for accessing my records and correcting any inaccurate information about me;
- The process if I wish to make a complaint about my privacy, and;
- That any records that are not essential or no longer required will be securely archived for the relevant period.

I agree that my file may be viewed by quality assurance auditors: Yes / No

	Client	Additional person (optional)*	RFT Worker
Signature:			
Name:			
Date:			

*Additional person is a: Parent or Guardian / Trustee / Other (specify): _____